	PART B-ISSI	UE FEE TRANS	sant	
AUG () 5 1000	Assi	ISSUE FEE stant Commissi hington, D.C. 20	oner for Paients 231	
3 1339 3				ţ
Receipt, the Patent, advance orders a correspondence address as indicated specifying a new correspondence admaintenance fee notifications.	appropriate All further correspondence includend notification of maintenance fees will be made unless corrected below or directed otherwise ddress; and/or (b) indicating a separate "FE	ding the Issue Fee ailed to the current e in Block 1, by (a) E ADDRESS" for	for any other accompanying papers. Each add assignment or formal drawing, must have its of Certificate of Mailir	ertificate cannot be used ditional paper, such as an own certificate of mailing.
	(Note: Legibly mark-up with any corrections or use Block		I hereby certify that this Issue Fee Transmitta the United States Postal Service with sufficie mail in an envelope addressed to the Box Issu the date Indicated below.	int postage for first class
CARRIER CORP		7		(Depositor's name)
P.O. BOX 480				
SYRACUSE NY	13221		<u> </u>	(Signature)
APPLICATION NO.	FILING DATE PAIEN TO BERN	2	EXAMINER AND GROUP ART UNIT	DATE MAILED
986,447	<u> 12/08/97 </u>	MERMAN	м	05/20/99
First Named Applicant				
1. Change of correspondence address Use of PTO form(s) and Customer N Change of correspondence addrese PTO/SB/122) attached. "Fee Address" indication (or "Fee Inclusion of assignee data is only apthe PTO or is being submitted under filling an assignment. (A) NAME OF ASSIGNEE	CLASS-SUBCLASS BATCH NO. Or indication of "Fee Address" (37 CFR 1.363). Jumber are recommended, but not required. Ess (or Change of Correspondence Address form Address" Indication form PTO/SB/47) attached. DE DATA TO BE PRINTED ON THE PATENT (presisted below, no assignee data will appear appropriate when an assignment has been previous ar separate cover. Completion of this form is NOT CARRIER CORPORATION	APPLN. TYPE 2. For printing (1) the names attorneys or atthe name of member a regard the names attorneys or agrame will be print or type) ar on the patent. sty submitted to resubstitute for	on the patent front page, list of up to 3 registered patent gents OR, alternatively, (2) a single firm (having as a gistered attorney or agent) of up to 2 registered patent ents. If no name is listed, no rinted. 1. The following fees are enclosed (make check of Patents and Trademarks)	s should be charged to:
(B) RESIDENCE: (CITY & STATE OR COUNTRY) SYRACUSE, NEW YORK			DEPOSIT ACCOUNT NUMBER 03-0835 (ENCLOSE AN EXTRA COPY OF THIS FORM)	
Please check the appropriate assignee category indicated below (will not be printed on the patent) individual XXcorporation or other private group entity government			Issue Fee	
	ND TRADEMARKS IS requested to apply the Is:	sue Fee to the cool	Advance Order - # of Gipies 10	
(Authorized Signature)	(Date)		TOGERATE IN CONTROL OF THE PARTY OF THE PART	
DAVID J. ZOBKIW		21/99		
or agent; or the assignee or other party Trademark Office. Burden Hour Statement: This form depending on the needs of the indivito complete this form should be ser Office, Washington, D.C. 20231. DC	in interest as shown by the records of the Patential is estimated to take 0.2 hours to complete. It idual case. Any comments on the amount of the to the Chief Information Officer, Patent and NOT SEND FEES OR COMPLETED FOR S FORM TO: Box Issue Fee, Assistant Complete.	Time will vary time required of Trademark!	1999	
	of 1995, no persons are required to respond to alid OMB control number. TRANSMIT THIS			
	IMMORE INC	· · Alkar Milli	マ グ聚 ス	-MERC